

**Vermont Department of Public Safety
FY10 Homeland Security Grant Program (HSGP)
Application Cover Sheet**

A) Agency Name:		County:		Agency's Fiscal Year:	
Grand Isle County Sheriff's Department		Grand Isle		From: Jan. 1 To: Dec. 31	
Federal TIN:		Tax Status:			
03-0262114		<input type="checkbox"/> Appropriated Division of the Town <input type="checkbox"/> Municipality <input type="checkbox"/>			
Legal Name of entity to which the FTIN was assigned:				Agency Government Type:	
Grand Isle County Sheriff's Department				County Law Enforcement	
DUNS Number:			Parent Entity DUNS Number (if applicable):		
105400787			N/A		
Agency 911 (Physical) Address:					
Address - Street		City		State	Zip
3677 US Route 2		North Hero		VT	05474
First Responder Contact					
First Name		Last Name		Title	
Connie		Allen		Sheriff	
Address - Street		City	State	Zip	Tel # 802-372-4482
P.O. Box 168		North Hero	VT	05474	Fax # 802-372-5771
					Email allenc@dps.state.vt.us
Government/Town Official OR Second First Responder Contact					
First Name		Last Name		Title	
N/A					
Address - Street		City	State	Zip	Tel #
					Fax #
					Email

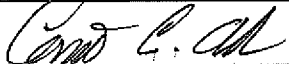
B) Certificate of Insurance

Please provide a copy of your Certificate of Insurance with application.

* To be sent under separate cover

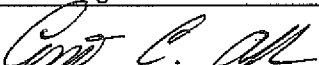
C) NIMS Compliance

By signing (or typing if submitting electronically) below I confirm that this agency will complete the current NIMS Progress Survey and become compliant with all NIMS metrics. This agency understands that if this application is approved and an award issued, it also accepts the responsibility for completing additional NIMS surveys and NIMS compliance metrics as requested by the Vermont Homeland Security Unit and outlined in Vermont's NIMS Implementation Plan.

Applicant Signature	Printed Name	Title	Date
	Connie Allen	Sheriff	11-Mar-11

D) **National Resource Typing**

By signing (or typing if submitting electronically) below I confirm that this agency will complete the National Resource Typing Survey(s) distributed by the Vermont Homeland Security Unit. This agency understands that if this application is approved and an award issued, it also accepts the responsibility for completing additional NIMS surveys as requested by the Vermont Homeland Security Unit.

Applicant Signature	Printed Name	Title	Date
	Connie C. Allen	Sheriff	11-Mar-11

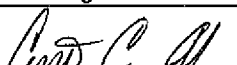
E) **Fire Service only: National Fire Incident Reporting System (NFIRS)**

By signing (or typing if submitting electronically) below I confirm that this agency will be current with the National Fire Incident Reporting System (NFIRS) prior to award. This agency understands that if this application is approved and an award issued it also accepts the responsibility for continuing to be current in NFIRS pursuant to 20 V.S.A. § 2833.

Applicant Signature	Printed Name	Title	Date
	Connie Allen	Sheriff	11-Mar-11

F) **Police Service only: National Incident Based Reporting System (NIBRS)**

By signing (or typing if submitting electronically) below I confirm that this agency will be current with the National Incident Based Reporting System (NIBRS) prior to award. This agency understands that if this application is approved and an award issued it also accepts the responsibility for continuing to be current in NIBRS reporting pursuant to VSA Title20, Section

Applicant Signature	Printed Name	Title	Date
NHA 	Connie C. Allen	Sheriff	11-Mar-11

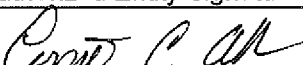
G) **Payment Method**

Please indicate the preferred payment method and remittance address.

1 - Cash Advance		2 - Reimbursement in arrears of expenditures with attached documentation.	
Remittance Address - Street	City	State	Zip

H) **Authorization**

I, the undersigned, do hereby certify under the pain & penalties of perjury that the information contained in this application is accurate to the best of my knowledge.

Authorized Entity Signature	Printed Name	Title	Date
	Connie Allen	Sheriff	11-Mar-11

Is your application complete? Please review all areas.
Thank you



ELSAG North America Law Enforcement Systems, LLC

412 Clocktower Commons
Brewster, NY 10509
Duns # 196140821
Phone: 1-866-9MPH900 (967-4900)
Fax: 336-379-7164

DATE

3/10/2011

****QUOTATION****

Delivered to:

Vermont State Police
Att: Lt. Michael Manning & Jason Gosselin
Vermont State Police Headquarters
103 South Main St.
Waterbury, Vermont 05671

Quotation valid until: April 1, 2011

Prepared by: Pat Fox

Projected Arrival Date: TBD

(Please mail or Fax your purchase order to the address and telephone number above and Fax a copy to (518) 452-7777)

Receipt of Goods

**NASPO Multi-State Contract #PC62119 Award #19745
(California Participating Addendum)**

**WSCA # PC 62119 Hazardous Incident Response Equipment
(Contract term: 5/20/2007 - 5/10/2010)**

OPERATION STONEGARDEN

Model #	Description	Cost	Units	Amount
MPH-900X3 AD3 SPLIT TRANS	Mobile License Plate Reader - Includes 3 units with LPR Processors, 6 cameras (3 color & 3 infrared in 3 enclosures), junction box, cables and related software. (REQUIRES INSTALLATION BY ELSAG N.A. AUTHORIZED PERSONNEL).	\$19,400	1	\$19,400.00
MPH-900 INSTALL	This is a 3 camera system to be mounted on a Dodge Charger with the FOX mount with (2) 25 mm cameras on the driver's side and a 16mm camera on the passenger side. THIS UNIT IS FOR THE GRAND ISLE COUNTY SHERIFF'S DEPT. AND IS TO BE SHIPPED TO 3677 US RT. # 2, NORTH HERO, VERMONT 05474 ATTENTION SHERIFF CONNIE ALLEN.			
OPERATION CENTER LICENSE	Operations Center License	\$975	1	\$975.00
ADDITIONAL CAR KIT	2 extra power cords (@\$125.00 each), 1 extra ethernet cord (\$100.00) and 1 extra GPS unit with USB extension (\$110.00) for a Total of \$460.00 per vehicle to power up an additional unit. PERMANENT WIRING KIT.	\$460	1	\$460.00
EXTENDED WARRANTY	3 yr. extended warranty @ \$1,600.00 per year times 3 yrs. for a Total of \$4,800.00.	\$4,800		\$4,800.00
			TOTAL	\$25,635.00

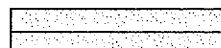
Service Plan for goods and services provided by the above quote

Year I	Free		
Year II	\$1,600.00 per year	Hardware and Software	
Year III	\$1,600.00 per year	Hardware and Software	
Year IV	\$1,600.00 per year	Hardware and Software	
Beyond		Software Only	

Service Plan Includes:

- Software Updates
- Annual Training/Service
- Parts & Labor

Approval Signature: _____



Homeland Security Grant Program Equipment Budget Detail Worksheet

Date: March 11, 2011

Jurisdiction/Department: Grand Isle County Sheriff's Department **Total Equipment Request:** \$ 25,635

Instructions

- Indicate at the top of the form your department or jurisdiction name.
- Indicate the Item, Proposed Placement, Quantity, Estimated Total Cost and Department(s) receiving the equipment. Use additional pages as needed.
- Indicate if you are (or have) also requested Fire Act Funds for this equipment.
- Add total costs of all equipment requested for jurisdiction/department and place that total at the top of this page as indicated. Also indicate Total Federal Funds and Total Matching Funds.
- Any one item over \$2,500.00 requires three quotes that need to be attached to the application. Note: If you intend to use the state contract, you do not need to provide these quotes; however, you will need to provide the state contract number.

[illegible]

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID JT GRAND-4	DATE (MM/DD/YYYY) 10/18/10
PRODUCER Market Place Insurance Ctr Inc 2 Market Place Ste 5 Essex Jct VT 05452 Phone: 802-878-8156 Fax: 802-878-4485		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Grand Isle County Sheriff's De P.O. Box 168 North Hero VT 05474		INSURERS AFFORDING COVERAGE INSURER A: Argonaut Insurance Company INSURER B: Union Mutual Fire INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	MGL700031303	10/01/10	10/01/11	EACH OCCURRENCE	
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				\$ 1,000,000	
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
		GENERAL AGGREGATE	\$ 3,000,000				
		PRODUCTS - COMP/OP AGG	\$ 1,000,000				
		GEN'L AGGREGATE LIMIT APPLIES PER:					
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A		AUTOMOBILE LIABILITY	MBA700031303	10/01/10	10/01/11	COMBINED SINGLE LIMIT (Ea accident)	
		<input checked="" type="checkbox"/> ANY AUTD				\$ 1,000,000	
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$ 1,000,000
		<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	
						AUTO ONLY: AGG	
A		EXCESS/UMBRELLA LIABILITY	MXS700031303	10/01/10	10/01/11	EACH OCCURRENCE	
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				\$ 1000000	
		<input type="checkbox"/> DEDUCTIBLE				AGGREGATE	\$
		<input checked="" type="checkbox"/> RETENTION \$					\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	MWC700031303	10/01/10	10/01/11	WC STATUTORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	E.L. EACH ACCIDENT				\$ 500000	
	If yes, describe under SPECIAL PROVISIONS below	E.L. DISEASE - EA EMPLOYEE				\$ 500000	
		E.L. DISEASE - POLICY LIMIT				\$ 500000	
B		Property Section	CPP5085632	03/06/10	03/06/11		
B		Equipment Floate	CPP5085632	03/06/10	03/06/11		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS							

CERTIFICATE HOLDER <div style="text-align: right; margin-right: 50px;">INSURED</div> <div style="text-align: center;">Insured Copy</div>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 15 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE David B Schramm
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Grand Isle
CTY SD

Jason Gosselin

From: Jason Gosselin
Sent: Monday, February 28, 2011 1:46 PM
To: Connie Allen
Cc: Michael Manning
Subject: LPR Application
Attachments: Elsag Quote - Grand Isle County Sheriff's Department.xls; App Cover Sheet.xls; Budget Detail Worksheet.doc

Good Afternoon Sheriff Allen;

Please be advised that we have received and reviewed the quote provided by ELSAG NA, the vendor that will be providing you with a license plate reader for your organization. Attached is the quote. In order to move forward with purchasing this equipment, a sub grant agreement is required. Attached is the application and budget detail worksheet. Please complete these forms and return to my attention. Once received, a sub grant will be issued.

Also, per Capt. Reinfurt's e-mail dated 8-February-2011, the LPR will capture data and be stored on servers (DPS, Local Departments). In an effort to ensure that civil rights and privacy policies are maintained, we are asking each department to adopt a policy that addresses these concerns as well as agree to the VIBRS policy on storing data. The documents were attached in the Capt's e-mail and are being vetted by working groups. These policies will ensure that LE follows standard protocols in protecting civil rights and at the same time protected itself if challenged. Currently VIBRS is reviewing one document as it relates to the storage of this data on DPS server. The second policy relates to the conduct of the department to ensure that this data is not misused in violation of any standards relating to civil rights. The department policy being reviewed was created by IACP and has major support across the country. Capt Reinfurt asked that you review and advise if there are any issues you may have in your department adopting/agreeing to these documents. Please advise if you intend on adopting these policies.

Please be advised that you must not order any equipment until you receive a fully executed subgrant agreement.

Thanks and let me know if you have any questions.

Sincerely,

Jason E. Gosselin
Grants Manager - Homeland Security Unit
Vermont Department of Public Safety
103 South Main Street
Waterbury, VT 05671
(802) 241-5445



ELSA North America Law Enforcement Systems, LLC

412 Clocktower Commons
Brewster, NY 10509
Duns # 196140821
Phone: 1-866-9MPH900 (967-4900)
Fax: 336-379-7164

DATE

2/28/2011
QUOTATION

Delivered to:

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Att: Lt. Michael Manning & Jason Gosselin
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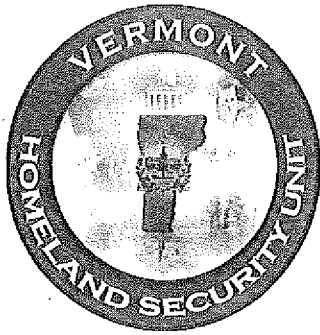
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Beyond		Software Only	

Service Plan Includes:

- Software Updates
- Annual Training/Service
- Parts & Labor

Approval Signature: _____





VERMONT HOMELAND SECURITY UNIT
MEMORANDUM

TO: Sheriff Connie Allen
FROM: Jason E. Gosselin
DATE: April 11, 2011
SUBJECT: License Plate Reader Award

[Handwritten signature]

Sheriff Allen;

Please be advised that your award has been returned from DPS – Administration not signed. The reason is that some pages were not legible when printed.

Rather than asking you to re-print, I printed the award and ask that you sign and return once again to my attention via mail.

Let me know if you have any questions.

Sincerely,

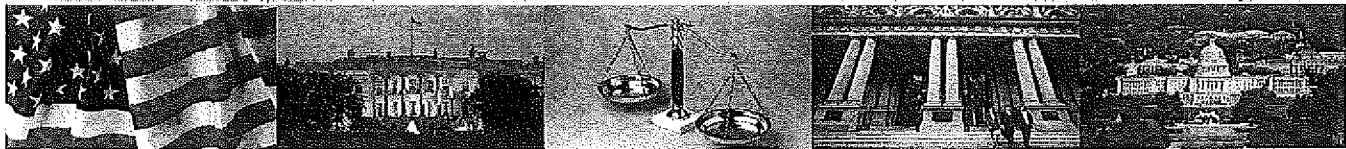
Jason E. Gosselin

*Grand Use
SD*

Grand Isle Ct
SD

EPLS

Excluded Parties List System



Search - Current Exclusions

- > Advanced Search
- > Multiple Names
- > Exact Name and SSN/TIN
- > MyEPLS
- > Recent Updates
- > Browse All Records

View Cause and Treatment Code Descriptions

- > Reciprocal Codes
- > Procurement Codes
- > Nonprocurement Codes

Agency & Acronym Information

- > Agency Contacts
- > Agency Descriptions
- > State/Country Code Descriptions

OFFICIAL GOVERNMENT USE ONLY

- > Debar Maintenance
- > Administration
- > Upload Login

EPLS Search Results

Search Results for Parties Excluded by

Firm, Entity, or Vessel : Grand Isle County Sheriff's Department

As of 30-Mar-2011 9:46 AM EDT

Save to MyEPLS

Your search returned no results.

[Back](#) [New Search](#) [Printer-Friendly](#)

Resources

- > Search Help
- > Advanced Search Tips
- > Public User's Manual
- > FAQ
- > Acronyms
- > Privacy Act Provisions
- > News

Reports

- > Advanced Reports
- > Recent Updates
- > Dashboard

Archive Search - Past Exclusions

- > Advanced Archive Search
- > Multiple Names
- > Recent Updates
- > Browse All Records

Contact Information

- > For Help: Federal Service Desk

Grand
Isle City
SD

Jason Gosselin

From: Jason Gosselin
Sent: Monday, March 21, 2011 6:50 PM
To: Connie Allen
Subject: Grand Isle Cty SD 71009E-002
Attachments: Grand Isle Cty SD 71009E-002.doc

Good Morning Sheriff Allen;

Thanks for the LPR application. Attached is the subgrant agreement. Please have this signed and returned.

Thanks and let me know if you have any questions.

Sincerely,

Jason E. Gosselin